

Oklahoma Project LAUNCH Strategic Plan

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Introduction and Frame

The Oklahoma Project LAUNCH Strategic Plan is community-wide road map to work collaboratively at the state and local level in promoting the health and wellness of young children and their families in Rogers County. The previously developed Environmental Scan initiated the first step for the Oklahoma Project LAUNCH Strategic Planning process.

Oklahoma Project LAUNCH has continued on the road of state systems change and local implementation to bring together both levels of work under one plan. The State Infant Early Childhood Mental Health Plan (State Plan) was developed by a group of stakeholders convened by Smart Start of Oklahoma in 2007, and is currently under revision. The State Plan provides the framework for which local implementation will be aligned. The local implementation in Rogers County will act as a super-pilot for the State Plan and ensure that local voices are present throughout the project. Work at the state level will feed the implementation of the local project, while efforts to implement activities at the local level will guide the state level directions for infant and early childhood mental health.

The purpose of this strategic plan is to guide implementation of Oklahoma Project LAUNCH as it relates to wellness of children birth to eight years of age and their families through increasing awareness, workforce development, enhancement and expansion of system of care services, and integration of infrastructures in order to achieve positive child and family outcomes.

Strategic Planning Process

Strategic planning was conducted in two sessions. State level stakeholders were convened for a day and a half to identify broad resources, gaps and solutions related to the five Project LAUNCH strategies:

- 1) Integrating behavioral health into primary care,
- 2) Enhanced home visitation
- 3) Parent supports
- 4) Early childhood mental health consultation, and
- 5) Screening and assessments.

Stakeholders were also asked to determine impact and feasibility for each of the solutions. Of the 57 people invited to attend the state level meeting, 61% (35) attended the meeting. Organizations were invited from the Governor's office, judicial system, tribal partners, Office of Juvenile Affairs, Oklahoma Health Care Authority, Oklahoma Department of Mental Health and Substance Abuse, Domestic Violence Association, Oklahoma Institute for Child Advocacy,

Oklahoma Department of Education, Child Care Resource and Referral, Child Care Services, Child Welfare, OSDH Family Support and Prevention Service, OSDH Maternal and Child Health Services, Therapeutic Foster Care Association, Justus-Tiawah and Verdigris schools, Oklahoma Family Network, university faculty from University of Oklahoma and Oklahoma State University, Oklahoma Infant Mental Health Association, Smart Start, Head Start Collaboration Office, family members, and members of the local wellness council.

Local stakeholders participated in a half-day planning session where they were asked to identify existing resources within the community around the five LAUNCH strategies and the gaps that exist. Solutions were explored for each of the gaps. Of the 45 persons from Rogers County and surrounding local communities were invited, 73% attended the half-day session. Attendees were from the local county health department, local wellness council, family members, Community mental health agencies, local schools, Tulsa Child Care Resource Center, Oklahoma Family Network, Oklahoma Juvenile Affairs, Volunteers for Youth, DHS Child Care Licensing, YouthCare, CARD Head Start, Sooner Start, Rogers County Child Welfare, Rogers County Child Care Services, private mental health providers, domestic violence services, Child Advocacy Center, Oklahoma Ministerial Alliance, local business leaders, tribal partners, substance abuse prevention services, Tulsa Infant Mental Health Community Consultant, and University of Oklahoma Health Sciences Center.

The Project LAUNCH team worked, with technical assistance support from ZERO TO THREE, to develop strategies from the solutions and other information obtained at the strategic planning sessions. Strategies were grouped into the four goals from the State Plan and organized into objectives within the four goals. Templates 5, 6, and 7 below document the work conducted during the strategic planning sessions for Oklahoma and align with the overall State Plan.

Template 5: Mission, Vision, and Project Values Statements

Mission statement:

The mission of the Oklahoma Project LAUNCH initiative is to link to the Oklahoma Infant and Early Childhood Mental Health Strategic Plan, develop and implement a local early childhood system of care in Rogers County, and facilitate systems change at the state and community levels through workforce development, public awareness, enhancement and expansion of services, and integration of infrastructure in order to achieve positive child and family outcomes.

Vision Statement:

The social and emotional well-being of Oklahoma's infants, toddlers and young children, their families and caregivers is fostered through an early childhood mental health system of care that is collaborative, developmentally sensitive, relationship focused, trauma informed and spans the continuum of promotion, prevention and treatment.

Project Values:

The values of the Oklahoma Project LAUNCH initiative are as follows:

- Child-centered, youth-guided, and family-focused
- Family voices are important
- Relationship-based
- Culturally Competent
- Infused into Natural Settings & Services
- Grounded in Developmental Knowledge
- Complements Existing Initiatives
- Community Participates at all levels of Project LAUNCH
- Data-Informed Decisions

Template 6: Goals and Objectives

| Goals and Objectives | | Priority Goals and Objectives |
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| Proposed in Grant Application | Updated | |
| Goal 1: Improve coordination and collaboration across local, state, tribal and federal agencies to ensure integration and replication of services for the promotion of wellness for infants, young children and their families. | Goal 1: Promote awareness of the significance of infant and early childhood mental health. | X |
| Objective 1.1: Establish infrastructure of communication between state and local efforts | Objective 1.1: Targeted audiences have increased awareness and engagement around early childhood issues | X |
| Objective 1.2: Enhance local council on young child wellness by building upon existing resources | | |
| Objective 1.3: Create replicable collaboration model | | |
| Goal 2: Create a seamless service delivery system across child serving settings using culturally relevant evidence-based prevention and wellness promotion practices that are easily accessible to families. | Goal 2. Enhance the capability of the infant and early childhood work force to effectively meet the needs of children birth to eight, their families and caregivers. | X |
| Objective 2.1: Increase access to screening, assessment and referral to appropriate services for young children and their families. | Objective 2.1: Trained mental health providers skilled in providing evidence based practice in IECMH | X |

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| <p>Objective 2.2: Increase integration of behavioral health into primary care settings. Objective 2.3: Improve service delivery model based on evidence-based practice in mental health consultation assuring that consultants develop appropriate competencies.</p> | <p>Objective 2.2: Trained early care and education providers who support families and young children</p> | <p>X</p> |
| <p>Objective 2.4: Enhance and expand existing home visiting programs.</p> | <p>Objective 2.3: Trained ECMH consultants skilled in providing evidence based practice</p> | <p>X</p> |
| <p>Objective 2.5: Develop/enhance parent education programs and supports that meet identified needs of the local community, building upon existing resources.</p> | <p>Objective 2.4: Trained home visitors who are capable addressing mental health needs of young children and their families</p> | <p>X</p> |
| | <p>Objective 2.5: Providers, across all disciplines, receive training in IECMH to better serve families with young children upon graduation</p> | |
| | <p>3. Develop and expand programs for promotion, prevention, early identification and treatment to support the well-being of children birth to eight and their families.</p> | <p>X</p> |
| | <p>Objective 3.1: Increase access to screening, assessment and referral for young children and their families</p> | <p>X</p> |
| | <p>Objective 3.2: Improve access to mental health consultation for early care and education providers</p> | <p>X</p> |
| | <p>Objective 3.3: Increase the usage of a comprehensive home visitation system that meets the needs of families with young children</p> | <p>X</p> |

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| | Objective 3.4: Increase integration of behavioral health into primary care settings through use of co-locating mental health providers and mental health consultation | X |
| | Objective 3.5: Increase usage of parent education programs and supports that meets the needs of families with young children | X |
| | 4. Create infrastructure & policies to support an integrated early childhood system of care. | X |
| | Objective 4.1: Increased coordination and sharing among agencies and organizations serving families with children birth to eight. | X |
| | Objective 4.2: Adequate funding that is integrated across systems to support best practice in early childhood | X |
| | Objective 4.3: Policies that support an early childhood system of care | |
| | Objective 4.4: Use of a data-driven planning and implementation approach to support effective mental health programs, services and systems serving children birth to eight and their families and caregivers | X |

Template 7: Implementation and Sustainability Strategies

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| Goal 1 | Promote awareness of the significance of infant and early childhood mental health | | |
| Rationale: | A lack of understanding of the impact of early experiences has led to limited consideration of early childhood issues in policy, programming, and community development | | |
| Objective 1.1 | Targeted audiences have increased awareness and engagement around early childhood issues | | |
| Targeted Outcome: | Early childhood issues are connected to state and community decision-making | | |
| Major Indicators: | Number of awareness activities conducted at the state level, Number of awareness activities conducted at the local level, number of families participating in the councils | | |
| <u>General Strategy</u> | <u>Activities/ Tasks</u> | <u>Stakeholders Responsible</u> | <u>Specific Time Frame</u> |
| GS 1 Build awareness of Infant and Early Childhood Mental Health (IECMH) among special populations to improve their decision-making and practices regarding young children and their families | A. Provide advocacy organizations with IECMH information and materials to use with Oklahoma legislation efforts | Project LAUNCH Team | Ongoing |
| | B. Partner with OK DHS to host an IECMH-specific policy and lecture event annually | Project LAUNCH Team | July 2017, |
| | C. Provide IECMH training to the judicial system at their annual conference | Project LAUNCH Team | July 2015, ongoing |
| | D. Invite local government leaders to Local Wellness Council meetings and events | Local Wellness Council, Local Wellness Coordinator | October 2014, and then ongoing |

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| | E. Develop a one-page talking points sheet for IECMH for child care providers to include what IECMH is and how child care providers can make a difference | State Wellness Expert, State Wellness Council, Local Wellness Coordinator | July 2015 |
| | F. Create targeted messaging for schools, teachers, and staff on how infant/early childhood well-being impacts the work they do with school-aged children | State Wellness Expert, State Wellness Council, Local Wellness Coordinator, Verdigris & Justus-Tiawah school principals | September 2015 |
| | G. Partner with Oklahoma chapters of the American Academy of Pediatrics, Family Practice Association, and Nursing Association to increase awareness for the importance of social, emotional & behavioral health in primary care | State Wellness Council, local colleges and universities, American Academy of Pediatrics, Family Practice Association, Nursing Association | January 2017, then ongoing |
| | H. Sponsor national speakers at state and local events to raise awareness about young child wellness annually. | Project LAUNCH Team | October 2014, then ongoing |
| | I. Create targeted messaging for first responders on how to relate or support young children when they interact with families in their work | State Wellness Expert, State Wellness Council, Local Wellness Coordinator | October 2016, then ongoing |
| | J. Buy book sets for schools to improve resources available to promote early childhood social and emotional development in the classrooms – DONE-- | State Wellness Expert | August 2015 |
| | K. Implement a Traveling exhibit on “I Feel” at local children’s museum or other venues | State Wellness Expert with support from Zero To Three TA Specialist | March 2017 |
| | L. Develop Child Guidance website to include a Project LAUNCH page. | Project LAUNCH Team | October 2016 |

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| GS 2 Provide targeted messages on social-emotional development to parents of children birth to eight | A. Develop a campaign to promote parent information regarding child development and well-being including Talking is Teaching, Strengthening Families, and Essentials for Childhood framework | State and Local Wellness Councils | October 2016 |
| | B. Partner with community organizations and other business to display posters, billboards and other display media to promote young child wellness | | December 2016, then ongoing |
| | C. Partner with local TV stations to run parenting messages, PBS programming, etc. | | September 2014, then ongoing |
| | D. Develop, repurpose & disseminate social media messages promoting LAUNCH, IECMH through Facebook, radio & TV and print. | | October 2016 |
| | E. Utilize a "BACKPACK Series" - type of activity to distribute information to parents through early care and education programs and elementary school. | | August, 2015 |
| | F. Implement Text 4 Baby --NEW-- | | January 2017 |
| GS 3 Provide targeted messages on social-emotional development to increase community involvement in the early childhood systems | A. Identify or develop social messaging that target the general public regarding IECMH incorporating frameworks such as Essentials for Childhood, Strengthening Families, and Bridges Out of Poverty. | State and Local Wellness Councils | January 2017, then On-going |
| | B. Partner with the local Chamber of Commerce to host an annual coffee event for business leaders where IECMH information was presented | Local Wellness Council, Local Wellness Coordinator | January 2017, then at least annually |

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| | C. Develop an early childhood network to build connections among early childhood providers to share information and create champions/messengers | Local Wellness Council, Local Wellness Coordinator | July 2015, then quarterly |
| | D. Utilize Parent Pro website to house information and videos of IECMH for use by parents, professionals, and general public | Project LAUNCH Team, Oklahoma State Department of Health Family Support and Prevention, SoonerStart, OKAIMH | September 2015 |
| | E. Implement or leverage state Parent Pro social marketing campaign to expand home visitation | Project LAUNCH Team, Family Support and Prevention, Soonerstart, Family Support & Prevention Director, Healthy Equity Director | September 2015 |
| | F. Partner with local media to promote " Raising of America " - a PBS Documentary. | State Wellness Council, Oklahoma office of Court Improvement | January 2017, and ongoing |
| Policy Implications: | <ul style="list-style-type: none"> The needs of infants, young children, and their families are considered in policy decisions at the state and local levels | | |
| Workforce Implications: | <ul style="list-style-type: none"> Members of the community who are direct service providers, tertiary support providers, and state & community leaders will incorporate information about social and emotional development, IECMH, and the needs of families into their work and decision making. | | |
| Coordination and Collaboration with the State: | <ul style="list-style-type: none"> Committee to partner efforts to develop messaging to targeted groups across the state Local representation on committees to develop and implement messaging campaigns | | |
| Coordination and Collaboration with Other Stakeholders: | <ul style="list-style-type: none"> Engagement of “tertiary” audiences to infant and early childhood mental health and wellness to develop messages for their targeted group Collaboration around funding in both the private and public sector to adopt and support consistent messaging around the topic of IECMH | | |
| Addressing Behavioral Health Disparities | <ul style="list-style-type: none"> Message campaign materials should be developed in languages that are accessible to families in Rogers County and across Oklahoma. Developed and/or adopted materials will be culturally sensitive | | |

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| Enhanced National CLAS Standards Alignment: | <ul style="list-style-type: none"> Assure that all contracts and interagency agreements that support awareness efforts around young child wellness align with National CLAS Standards |
| Sustainability Strategies: | <ul style="list-style-type: none"> Collaborate to braid funding from private and public sectors to continue awareness efforts Approach new funding from a collaborative stance rather than applying for funding in “silos” |

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| Goal 2 | Enhance the capability of the infant and early childhood work force to effectively meet the needs of children birth to eight, their families and caregivers | | |
| Rationale: | There is a lack of early childhood providers who are trained to support promotion, prevention, early identification, and treatment for infants, young children and their caregivers. There are many gaps in the workforce that hinder attempts to create a responsive and comprehensive early childhood system of care. | | |
| Objective 2.1 | Trained mental health providers skilled in providing evidence based practice in IECMH | | |
| Targeted Outcome: | Increased number of mental health providers who meet competencies to be eligible for Endorsement | | |
| Major Indicators: | Number Mental Health Professionals participating in training in EBPs, Number of Mental Health Professionals who are eligible for Endorsement, Number of training activities | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |
| GS 4 Implement a workforce development plan for mental health providers to expand their ability to serve birth to five around mental health, behavioral health issues | A. Identify skill levels of mental health providers (MHPs) and case managers in Rogers County to determine training needs -- DONE -- | Project LAUNCH Team, State and Local Wellness Councils, local mental health agencies | October 2014 |
| | B. Identify methods to provide training to MHPs and case managers -- DONE -- | | November 2014 |
| | C. Identify trainings and supports needed for MHPs and case managers -- DONE -- | | December 2014 |
| | D. Develop and implement a training and support plan including a timeline for implementation and family experiences -- DONE -- | | January 2015, and then ongoing |

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| | E. Provide opportunities for discipline-specific peer-to-peer connections and Reflective Consultation | | January 2015, and then ongoing |
| | F. Partner with ECCS grant, CECPD, & OKAIMH to expand training registry that is tied to IMH competencies to service providers. -- DONE -- | | October 2015, and then ongoing |
| | G. Explore long-term solution to IMH workforce shortage (i.e. fellowships, Part C+, Infant Teams, etc.) -- NEW -- | State Wellness Coordinator, Shannon, Jackie | December 2015 |
| Objective 2.2 | Trained early care and education providers who support families and young children | | |
| Targeted Outcome: | Increased number of early care and education providers who address social/emotional development in their curricula and practices | | |
| Major Indicators: | Number of ECE providers participating in training in best practice, number of ECE providers receiving reflective consultation, Number of ECE providers who are eligible for Endorsement, Number of training activities | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |
| GS 5 Enhance early care and education providers ability to support social/emotional development and connect families to resources | A. Implement Strengthening Families framework within early care and education settings | Project LAUNCH Team, Local Wellness Council, Local Wellness Coordinator | September 2017 |
| | B. Provide reflective consultation to ECE providers who are interested in pursuing Endorsement | Project LAUNCH Team, State and Local Wellness Councils, Local Wellness Coordinator, early care and education providers, OK-AIMH | July 2017, then ongoing |
| | C. Partner and explore opportunity for using early childhood mental health consultants to provide training through Center for Early Childhood Professional Development (CECPD) | Project LAUNCH Team, Local Wellness Council, Local Wellness Coordinator, CECPD, ECCS Coordinator | September 2015 |

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| | D. Partner with the child care regional resource and referral agency to offer local training (mini-conferences) to child care providers around IECMH and social/ emotional development | Local Wellness Coordinator, Local Wellness Council, Regional Resource and Referral agency, Oklahoma Child Care Warmline | September 2015, and then ongoing 2 times per year |
| | E. Provide workshops to teachers pre-Kindergarten through 3rd grade and school staff around early childhood issues such as brain development, social-emotional development, what to expect in young children, and challenging behavior | Project LAUNCH Team, Local Wellness Council, Local Wellness Coordinator | March 2015, and then ongoing annually |
| | F. Host community event with OK AIMH around endorsement --NEW-- | | March 2017 |
| Objective 2.3 | Trained ECMH consultants skilled in providing evidence based practice | | |
| Targeted Outcome: | Increased number of ECMH consultants who meet mental health consultation competencies and maintain model fidelity | | |
| Major Indicators: | Number of Consultants who participate in training activities, number of TA activities, number of Mentoring activities, Number of consultants who have a sufficient score on the ECMHC competency assessment | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |

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| GS 6 Plan and implement training and support for the network of ECMH consultants | A. Survey ECMH consultants regarding who they provide services to, when services are provided, strengths and weakness of service and what support is needed --DONE-- | Project LAUNCH Team, Local Wellness Council, Local Wellness Coordinator, ECMHC Advisory Team | October 2014 |
| | B. Create a system for ongoing technical support and reflective consultation for ECMHC consultants and pilot in the local community --DONE-- | | January, 2015, and ongoing |
| | C. Create and implement an ECMHC mentoring system across agencies to support model fidelity --DONE-- | | October 2014, and ongoing |
| | D. Provide opportunities for peer-to-peer connections --DONE-- | | September 2014, and then ongoing monthly |
| Objective 2.4 | Trained home visitors who are capable of addressing mental health needs of young children and their families | | |
| Targeted Outcome: | Increased number of trained home visitors who are capable addressing mental health needs of young children and their families | | |
| Major Indicators: | Number of home visitors who participate in training activities, number of home visitors who receive reflective consultation, number of training activities, number of peer to peer sessions, number of home visitors who are eligible for Endorsement | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |
| GS 7 Build a professional support network for home visitors so they can better address IECMH and family | A. Develop and host a local "STARS" training for all home visitors – Work with FSPS to make HV trainings available in Tulsa/Rogers County. --DONE-- | Project LAUNCH Team, State and Local Wellness Councils, home visitation leaders, OK-AIMH | October 2017, and then ongoing quarterly |

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| mental health issues | | | |
| | B. Embed reflective practice in home visiting systems by providing opportunities through access to a mental health consultant and peer-to-peer use of the Reflective Consultation Self-Efficacy Scales | Project LAUNCH Team, State and Local Wellness Councils, home visitation leaders, OK-AIMH | September 2015, then ongoing |
| | C. Provide infant mental health consultation to home visitors | Project LAUNCH Team, Local Wellness Council, Local Wellness Coordinator, ECMHC Advisory Team, Local ECMH consultants | September 2017, then ongoing |
| | D. Provide opportunities for discipline-specific peer-to-peer connections | Project LAUNCH Team, Local Wellness Council, Local Wellness Coordinator, ECMHC Advisory Team, Local ECMH consultants | September 2015, then ongoing |
| Objective 2.5 | Students preparing to be providers working with young children and their families will receive training in IECMH. | | |
| Targeted Outcome: | Increased academic training in IECMH across career fields | | |
| Major Indicators: | Number of higher education partners to embed IECMH into curriculum, number of students who receive IECMH curriculum | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |
| GS 8 Work with universities and technical centers that have mental health degree programs to infuse IECMH curricula to prepare mental | A. Work with IBEaR to facilitate the alignment of the state workforce goals and higher education goals | State Wellness Expert, State Wellness Partner, OK-AIMH, Oklahoma State University, University of Oklahoma | October 2016, and then ongoing monthly |
| | B. Facilitate the alignment of the state workforce goals and higher education goals related to the Institute of Infant Mental Health | | July 2015 |

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| health and early care and education providers to serve young children and their families | C. Explore opportunities to incorporate IECMH content into Early Childhood coursework and curriculum (via Smart Start consortium) | State Wellness Expert, State Wellness Partner, Smart Start Oklahoma, State Wellness Council | July 2015 |
| | D. Cultivate contacts with Rogers State University faculty (e.g., psychologists, nursing, early education, etc.) in discussion of how to incorporate more IECMH content and coursework across departments / agencies. | State Wellness Expert, State Wellness Partner, OK-AIMH, Oklahoma State University, University of Oklahoma, Local Wellness Coordinator, Rogers State University | January 2017 |
| GS-9 Work with universities and medical schools to infuse IECMH curricula into medical and health related degree programs | A. Identify universities and medical schools who would be potential partners | State Wellness Expert, State Wellness Partner, OK-AIMH, Oklahoma State University, University of Oklahoma | July 2015 |
| | B. Engage a Oklahoma medical school into the Institute for Infant Mental Health | | September 2017 |
| | C. Identify curricula that is related to IECMH that could be compatible to their degree plan | | January 2018 |
| | D. Identify gaps in curricula and barriers to providing IECMH curricula that would hinder implementation | | January 2018 |
| | E. Identify method of providing necessary IECMH curricula within the degree plan | | January 2018 |
| | F. Pilot the offered curricula within the degree plan | | January 2018 |
| Policy Implications: | <ul style="list-style-type: none"> • Coordinated/shared funding around workforce development to include cross-agency hosted trainings, shared mentoring, opportunities for peer to peer supports, learning collaboratives, etc. • Workforce development plan jointly created that considers the needs of public and private service providers • An IMH “credential” that is attached to reimbursement policies and practices | | |
| Workforce Implications: | <ul style="list-style-type: none"> • Shared training efforts across agencies and service delivery systems to address gaps within an early | | |

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| | childhood system of care | | |
| Coordination and Collaboration with the State: | <ul style="list-style-type: none"> Coordinated planning from between the state and local levels to implement a training plan for evidence based practices | | |
| Coordination and Collaboration with Other Stakeholders: | <ul style="list-style-type: none"> Coordinated planning to support implementation of IECMH workshops into local university setting and expansion to other university programs across the state Local Project Launch participation in the development of the Institute for Infant Mental Health | | |
| Addressing Behavioral Health Disparities | <ul style="list-style-type: none"> Targeted recruitment efforts for bilingual service providers Selection of EBP's and Screening tools that are accessible in multiple languages | | |
| Enhanced National CLAS Standards Alignment: | <ul style="list-style-type: none"> Assure contracts and interagency agreements that support workforce development align with National CLAS Standards | | |
| Sustainability Strategies: | <ul style="list-style-type: none"> Workforce development plan across disciplines that is supported by multiple agencies to guide application for continued funding and planning of training efforts at the local and state levels Maximize workforce development opportunities through Project LAUNCH and expand to other areas within the state who are resource poor | | |
| Goal 3 | Develop, enhance, and expand programs for IECMH promotion, prevention, early intervention and treatment to support the well-being of children birth to 8 years, their families and caregivers. | | |
| Rationale: | Communities often face a number of obstacles in providing services that support best practices in early childhood. Young children and their families need a full array of individualized services and supports that are embedded into natural settings and that span the continuum of care from promotion to treatment | | |
| Objective 3.1 | Increase access to screening, assessment and referral for young children and their families | | |
| Targeted Outcome: | Increased access and improved coordination of standardized screening instruments across early childhood systems | | |
| Major Indicators: | Number of children screened, number of access points, number of referrals, number of sites that implement Bright Futures | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |

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| GS 10 Improve coordination of screening and assessments across child serving systems to reduce duplication and improve connection to appropriate resources | A. Convene group to review CAPTA(children placed in foster care) screening and referral processes between Child Welfare and Sooner Start (in collaboration with OK TASCC project) -- DONE-- | State Wellness Expert, State Wellness Partner, OK TASCC project manager and evaluator, Sooner Start Director, Tulsa Infant Mental Health Community Consultant, Local DHS, Local Sooner Start | August 2014 - December 2014, then ongoing |
| | B. Project LAUNCH will act as a resource in Rogers County regarding screening and assessment tools for use based on identified needs of the target population. | Local Wellness Coordinator, Local Wellness Council, screening providers, state Medicaid representative | September 2014 – May 2015 |
| | C. Develop a protocol regarding sharing of screening results to family and other providers including a family-friendly information sheet that the family can easily take to other providers. | Local Wellness Coordinator, Local Wellness Council - screening workgroup, screening providers | January 2017 |
| GS 11 Partner with current state and national efforts to enhance and expand upon existing systems designed to screen the development of infants and young children | A. Survey the local agencies and programs in Rogers County to determine what standardized screening tools they are using | State Project LAUNCH team, State Wellness Council, State Agency Partners, Local Young Wellness Council, Local Young Child Wellness Coordinator, health care professionals, OK TASCC project manager, Sooner Start Director | September 2014 - May 2015 |
| | B. Identify gaps in usage of standardized screening tools around behavioral health, child development and trauma. | State Project LAUNCH team, State Wellness Council, State Agency Partners, Local Young Wellness Council, Local Young Child Wellness Coordinator, health care professionals, OK TASCC project manager, Sooner Start Director | September 2014 - May 2015 |
| | C. Explore the use of the Bright Futures materials | State Wellness Expert, State Wellness Partner, State Wellness Council, Local Wellness Coordinator | September 2014 – May 2015 |

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| | D. Pilot screening tools in Rogers County designed specifically to meet the needs of children in foster care in collaboration with OK TASCC. -- DONE -- | State Wellness Expert, State Wellness Partner, OK TASCC project manager and evaluator, Sooner Start Director, Tulsa Infant Mental Health Community Consultant, Local DHS, Local Sooner Start | January 2015, and then ongoing |
| | E. Build on ABCD III efforts in Oklahoma to provide screening tools to physicians and support their use through consultation | Local Wellness Coordinator, Local Wellness Council - screening workgroup, screening providers | September 2014 - May 2015 |
| | F. Support screenings in early care and education settings | Local Wellness Coordinator, Local Wellness Council - screening workgroup, screening providers, ECMHC advisory team, early care and education providers | July 2015, and then ongoing |
| | G. Work with Child Guidance program to implement electronic screenings within the Rogers County Health Department waiting rooms and other community locations using computer kiosks, tablets or online system. | State Wellness Expert, State Wellness Partner, Child Guidance Director, Local Wellness Coordinator, Local Project LAUNCH Evaluator | July 2015, and then ongoing |
| Objective 3.2 | Improve access to mental health consultation for early care and education providers | | |
| Targeted Outcome: | Increased usage of mental health consultation among early care and education providers to promote social/ emotional development and provide early intervention to children with behavioral health needs | | |
| Major Indicators: | Number of early care and education providers accessing ECMHC, Number of ECMHC awareness trainings, Number of sites expanded to, Number of ECMHC encounters | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |
| GS 12 Educate providers on mental health consultation and how it | A. Provide awareness training on ECMHC through a variety of settings | Local Wellness Coordinator, ECMHC Consultants, Oklahoma Child Care Warmline, State ECMHC Mentor | January 2017, then ongoing |

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| can be used. | B. Provide ECMHC brochures and materials to ECE settings | Oklahoma Child Care Warmline, Coordinator, ECMHC consultants, Local Wellness Council | October 2015, and then ongoing |
| | C. Develop a protocol regarding interactions with DHS child care licensing staff regarding ECMHC. | State Wellness Expert, State ECMHC advisory team, State Wellness Council, DHS Child Licensing | August 2015, then ongoing |
| | D. Implement ECMHC protocol with Rogers County child care licensing staff about ECMHC so they may provide referrals for ECMHC | Local Wellness Coordinator, ECMHC Consultants, Local DHS Child Care Licensing Staff, State ECMHC advisory team | July 2016 |
| GS 13 Expand and implement mental health consultation within Head Start, school settings and other child care settings that do not qualify for DHS subsidy | A. Identify funding sources for sustainability of ECMHC beyond the CCDF block grant | State Wellness Council, ECMHC Advisory Team, Head Start Collaboration office, Medicaid representative, Local Wellness Council - ECMHC workgroup | March 2017 |
| | B. Provide technical assistance to programs applying for Early Head Start/ childcare partnership grants in order to embed best practice ECMH consultation into grant applications. -DONE-- | Local Wellness Coordinator, Local ECE providers, ECMHC Advisory Team | September 2014, and ongoing |
| | C. Through evaluation feedback, identify barriers to implementing the current ECMHC model in a public school setting | Local Wellness Coordinator, Verdigris & Justus-Tiawah Principals, ECMHC Advisory Team | July 2016 |
| | D. Develop contracts with Head Start and school districts for ECMHC -DONE-- | Local Wellness Coordinator, Verdigris & Justus-Tiawah Principals, CARD Head Start, ECMHC Advisory Team, Local CMHCS, OSDH Child Guidance Program, private mental health providers | January 2015, and then ongoing |

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| | E. Provide ECMHC services in child care, Head Start and school settings in Rogers County -- DONE-- | Local Wellness Coordinator, Verdigris & Justus-Tiawah Principals, CARD Head Start, ECMHC Advisory Team, child care providers | January 2015, and then ongoing |
| Objective 3.3 | Increase the usage of an comprehensive home visitation system that meets the needs of families with young children | | |
| Targeted Outcome: | Increased access and retention to a home visitation system that meets the needs of families with young children | | |
| Major Indicators: | Number of families participating in home visitation, number of completions, number of consortium meetings | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |
| GS 14 Improve coordination among home visitation programs to create greater understanding, coordination, and collaboration among home visiting providers. | A. Convene Home Visiting Consortium in Rogers County | Local Wellness Council - home visitation workgroup, OSDH Family Support and Prevention Service Representative, families | July 2015, and then ongoing quarterly |
| | B. Hire a Community Connector to coordinate referrals and resources, educate professionals on home visitation services | Local Wellness Council - home visitation workgroup, OSDH Family Support and Prevention Service Representative, families | January 2016 |
| | C. Work with home visitation programs and center based group parenting providers to coordinate services between systems | Local Wellness Council - home visitation workgroup, OSDH Family Support and Prevention Service Representative, group parenting providers, families | July 2015, and then ongoing quarterly |
| | D. Expand the Best Practice research model (quality improvement practice) to home-based services in Rogers County | Project LAUNCH team, OSDH Family Support and Prevention Services, Local Wellness Council - home visitation workgroup | July 2016 - August 2018 |

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| GS 15 Increase access to home visitation programs | A. Identify what home visitation programs are available in Rogers County -- DONE -- | Local Wellness Council - home visitation workgroup | December 2014 - March 2015 |
| | B. Identify gaps in home visitation enrollment criteria for existing programs -- DONE -- | Local Wellness Council - home visitation workgroup | December 2014 - March 2015 |
| | C. Expand Systems of Care home based to serve families with children birth to five | Local Wellness Council - home visitation workgroup, Community Mental Health Center, State Wellness Partner | April 2017, |
| | D. Explore implementing PAT or the Parent Pro Pilot model in Rogers County to increase eligibility criteria -- DONE -- | Project LAUNCH team, OSDH Family Support and Prevention Services, Local Wellness Council - home visitation workgroup | August 2015, and then ongoing |
| | E. Explore sustainability of home visitation system in Rogers County | State Wellness Council | September 2015 – September 2016 |
| GS 16 Encourage participation and retention of home visitation clients | A. Leverage grant, state, and local funding to purchase incentives for home visitation participants | Local Wellness Council - home visitation workgroup | April 2015, then ongoing |
| | B. Work with local organizations and businesses to provide food coupons and other incentives for home visitation clients | Local Wellness Council - home visitation workgroup | April 2015, then ongoing |
| | C. Open discussion with Senior Leadership about unmarked state cars for state employed home visitors to reduce stigma on clients | Project LAUNCH team, OSDH Family Support and Prevention Services | July 2016, and then ongoing |
| Objective 3.4 | Increase integration of behavioral health into primary care settings through use of co-locating mental health providers and mental health consultation | | |
| Targeted Outcome: | Families receive screening and mental, emotional, and behavioral supports as part of their medical care | | |
| Major Indicators: | Number of sites implementing Healthy Steps, number of families receiving healthy steps service, number of primary care settings receiving mental health consultation | | |

| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |
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| GS 17 Improve Rogers County access to pediatric care | A. Determine if Rogers County is a Pediatric Shortage Area -- DONE -- | Local Wellness Coordinator, Local Wellness Council , Project LAUNCH Team | September 2015 – December 2015 |
| | B. Identify barriers and potential solutions for recruiting pediatricians to the community | | September 2015 – December 2015 |
| | C. Work with university residency programs to register Claremore as a residency location | | January 2017 |
| | D. Work with physicians and health systems in surrounding counties to ensure connection with early childhood system of care resources | | March 2017 |
| GS 18 Partner with the local primary care providers or other health care settings to implement mental health support services on location | A. Determine which primary care providers and health care settings would be interested in signing up to implement Healthy Steps | Local Wellness Council - primary care workgroup, health care providers | January 2015 – March 2015 |
| | B. Implement Healthy Steps at Rogers County Health Department WIC and in one additional setting | Local Wellness Council - primary care workgroup, health care providers, Local Wellness Coordinator, State Wellness Expert | January 2015 – January 2016 |
| | C. Identify personnel to provide services (Healthy Steps providers) | Local Wellness Council - primary care workgroup, health care providers, Local Wellness Coordinator, State Wellness Expert | January 2015 – January 2016 |
| | D. Train mental health providers in evidence based practice such as Health Steps, and implement model in primary care setting(s) in Rogers County -- DONE -- | Local Wellness Coordinator, State Wellness Expert, mental health providers | By July 1, 2015, and then ongoing |

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| | E. Explore embedding a mental health consultation model within Child Guidance program that would provide services to primary care settings | Child Guidance Director, Project LAUNCH Team, Local Wellness Coordinator, local county health department | January 2015 – January 2016 |
| GS 19 OU Department of Psychiatry provides consultation to Rogers County primary care community around infant and early childhood mental health | A. Convene a group to explore the relationship between Rogers County primary care community and OU Department of Child Psychiatry -- DONE -- | OU Department of Psychiatry, Fostering Hope Clinic representative, Project LAUNCH Team, Local Wellness Council - primary care workgroup, primary care providers | January 2016 – January 2017 |
| | B. Determine method of psychiatric consultation - DONE -- | | January 2017 – January 2018 |
| | C. Develop protocols and procedures for consultation services -- DONE -- | | January 2017 – January 2018 |
| | D. Explore contracting and reimbursement topics -- DONE -- | | January 2017 – January 2018 |
| | E. Implement IECMH consultation | | January 2017 – January 2018 |
| GS 20 Explore utilization of the Health Home Project for young children who are at high risk for negative outcomes | A. Convene a meeting between Grand Lake Mental Health, the court system, and DHS | Project Launch Team, Grand Lake Mental Health, Rogers County child welfare system, Medicaid representative, OK TASC Project Manager | January 2016 |
| | B. Determine financial feasibility of expanding eligibility criteria to very young children | Project Launch Team, Grand Lake Mental Health, Rogers County child welfare system, Medicaid representative, OK TASC Project Manager | January 2017 |

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| | C. Contract with Zero to Three organization for technical assistance around Safe Baby Court Team approach (Tulsa Project) | Project Launch Team, Grand Lake Mental Health, Rogers County child welfare system, Medicaid representative, OK TASC Project Manager, Zero to Three | January 2015— January 2016 |
| Objective 3.5 | Increase usage of parent education programs and supports that meet the needs of families with young children | | |
| Targeted Outcome: | There are accessible services and supports from promotion to treatment for families with children from birth to eight | | |
| Major Indicators: | Number of EBP’s available to parents and caregivers, number of services to children in identified subpopulations, number of resource sites established, number of parent resources identified/created | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |
| GS 21 Develop a flexible service array of evidence based/ evidence informed (EB/EI) mental health services across the continuum of care specific to the unique needs of infants, young children and their caregivers | A. Identify existing parent supports in Rogers county in order to expand capacity -- DONE -- | Project LAUNCH team, Local Wellness Council, Local Wellness Coordinator | October, 2014 |
| | B. Identify the gaps of parent support in Rogers County -- DONE -- | | October 2014 |
| | C. Select services to be embedded within appropriate community service delivery systems -- DONE -- | | October 2014 |
| | D. Expand the Oklahoma Child Care Warmline to include a parent line (Healthy Steps parent support line) for families in Rogers County -- DONE -- | Project LAUNCH Team, Child Care Warmline Staff, OKDHS Child Care Services, Child Guidance Service Director, Family Support and Prevention Service, local Wellness Council | July, 2015, then ongoing |
| | E. Train staff in identified EB/EI practices | Project LAUNCH team | October 2014 to December 2016 |

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| | F. Work with the Project LAUNCH Awareness workgroup to advertise parent support programs | Project LAUNCH team, Local Wellness Council, Local Wellness Coordinator | January 2017, then Ongoing |
| GS 22 Improve parent participation in parenting programs | A. Work with Oklahoma Family Network to provide stipends and incentives for families to participate in local LAUNCH activities | Local Wellness Coordinator, Local Wellness Council, Oklahoma Family Network (OFN), | January 2016, then ongoing |
| | B. Identify resources or locations within the community to implement parent supports where families are already gathering such as Head Start, child care, and schools | | October 2014, then ongoing |
| | C. Partner with resources or locations within the community to implement parent supports where families are already gathering such as Head Start, child care, and schools | | January 2015, then ongoing |
| | D. Identify local community resources to assist with provision of transportation, meals and child care for evening parenting classes or programs | | October 2014, then ongoing |
| | E. Partner with local community resources to assist with provision of transportation, meals and child care for evening parenting classes or programs | | January 2017, then ongoing |
| GS 23 Improve coordination of parenting supports for families with young children | A. Work with state partners to align parent supports used within Project LAUNCH to the "Essentials for Childhood" framework | Project LAUNCH Team, State Wellness Council, OSDH Family Support and Prevention Service Director | January 2015 – January 2016 |
| | B. Utilize Early Childhood Network to coordinate parent resources and services | Local Wellness Coordinator, Local Wellness Council - parent supports workgroup | January 2016 – January 2017 |
| | C. Identify and/or develop parenting resources to be distributed in the communities such as handouts, videos, web-based, parent line, , phone applications, Spanish versions, and Text 4 Baby | | January 2016, and then ongoing |

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| | D. Identify locations and "resource centers" within the community | | By January 2016 |
| | E. Distribute parenting resources to community organizations that host "resource centers". | | By January 2016, and then ongoing |
| GS-24 Improve local transportation for families with young children | A. Work with public transit system to obtain vouchers for families with young children | Local Wellness Council—Parent Support workgroup | January 2017 and ongoing |
| | B. Develop a volunteer transportation system to assist with families with young children | | January 2017 and ongoing |
| | C. Provide trainings and information on the local transit system to families | | January 2017 and ongoing |
| Policy Implications: | <ul style="list-style-type: none"> • Develop policy recommendations to ensure EBP’s are utilized and families have access to the services • Develop recommendations on state and local partnerships within an early childhood system of care | | |
| Workforce Implications: | <ul style="list-style-type: none"> • Coordination of training efforts for EBP’s • Assessment of service delivery system to find fit for service implementation within community • Increase of workforce competency in addressing the needs of families with children birth to 8 | | |
| Coordination and Collaboration with the State: | <ul style="list-style-type: none"> • Local participation on state planning workgroups where appropriate • Pilot test service implementation efforts in Rogers County | | |
| Coordination and Collaboration with Other Stakeholders: | <ul style="list-style-type: none"> • State and local Councils coordinate with partners to develop training and implementation plan. The YCWE and YCWP are a part of other groups focused on early childhood such as the Behavioral Health Advisory Committee, Oklahoma Partnership for School Readiness, Child Care Consultation Advisory Committee, Mental Health Subcommittee of the Interagency Coordination Council, Oklahoma Infant Mental Health Association, CAP action Committee • Coordination with early childhood service providers • Expansion of CSAW to incorporate the needs of the Early Childhood System of Care • Local Council incorporates goals related to Healthy Communities and Substance Abuse Prevention | | |
| Addressing Behavioral Health Disparities | <ul style="list-style-type: none"> • Assure materials and services are available to families in multiple languages to meet the needs of the community • Assure that EBP’s selected are appropriate for culturally diverse populations • Work with local community agencies to provide services in other languages or provide interpreters to support service delivery | | |

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| Enhanced National CLAS Standards Alignment: | <ul style="list-style-type: none"> • Agencies have policies that align service provision with CLAS standards • CLAS standards are reflected in contracts and intergovernmental agreements | | |
| Sustainability Strategies: | <ul style="list-style-type: none"> • Identify funding streams to continue efforts • Connect with other existing efforts to increase the use of EBPs • Develop marketing and branding efforts to disseminate recommendations • Explore ways to sustain Local Wellness Council focus on Early Childhood Well-being | | |
| Goal 4 | Create infrastructure & policies to support an integrated early childhood system of care | | |
| Rationale: | There is a lack of an organized way to come together to make decisions around policy, service delivery, and usage and leverage of funding toward an early childhood system of care. That is reflected at the community level in which pockets of services exist in agencies within a community but there is no central coordinating body | | |
| Objective 4.1 | Increased coordination and sharing among agencies and organizations serving families with children birth to eight | | |
| Targeted Outcome: | Families receive services in a coordinated manner across the service delivery system | | |
| Major Indicators: | Number of organizations collaborating for an early childhood system of care, number of stakeholders participating on state and local wellness councils | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |
| GS 25 Ensure the state child serving system's capacity to increase access to services that better match the assessed needs of the service population | A. Ensure that all partners in an early childhood system of care are participating in the State Wellness Council (CSAW) -- DONE -- | State Wellness Expert, State Wellness Partner, Children's State Advisory Workgroup (CSAW) Lead Agency | January 2016 |
| | B. Develop the capacity within the State Wellness Council (CSAW) for the development of workgroups specifically focused on early childhood system of care -- DONE -- | State Wellness Expert, State Wellness Partner, Children's State Advisory Workgroup (CSAW) Lead Agency | September 2014 – December 2014 |
| | C. Analyze the system's capacity to align resources that support the social and emotional needs of families with children birth to eight | State Wellness Expert, State Wellness Partner, State Wellness Council, Smart Start | January 2017 |

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| | D. Inventory the strengths and weaknesses in the current mental and behavioral health service array across the continuum of care for families with children birth to eight | | January 2017 |
| | E. Identify potential barriers to service array changes | | January 2017 |
| | F. Work, through CSAW, to develop solutions to resolve the barriers | | January 2017 |
| | G. Identify responsible agency/ies for proposed solutions | | January 2015 – August 2018 |
| | H. Work with identified agencies at the state and local level to incorporate solutions into system through Project LAUNCH | State Wellness Expert, State Wellness Partner, State Wellness Council, Local Wellness Coordinator, Local Wellness Council | January 2017 |
| | I. Assure that Mental Health Home Visiting is included in the overall Home Visiting system | MIECHV leadership, State Wellness Council (CSAW) | January 2015- January 2016 |
| | J. Use the Strengthening Families framework to guide systems changes for an early childhood system of care | State Wellness Expert, State Wellness Partner, State Wellness Council, Local Wellness Coordinator, Local Wellness Council | January 2015 – August 2018 |
| | K. Use the Essentials for Childhood framework to assure there is a trauma focus in the early childhood system of care | State Wellness Expert, State Wellness Partner, State Wellness Council, Local Wellness Coordinator, Local Wellness Council, Family Support and Prevention Service Director | January 2015 – August 2018 |
| | L. Create a subcommittee in CSAW that will review and make recommendations of all screening and assessment tools and implementation an procedures for planned use in Oklahoma | State Wellness Council | January 2017 |

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| | M. Develop review process for screening and assessment tools for use by CSAW subcommittee when any new statewide initiative for screening and assessment of young child wellness arises. | State Wellness Council | January 2017 |
| | N. Participate in quarterly Project LAUNCH meetings with tribal grantees | Project LAUNCH Team, Cherokee Nation Project LAUNCH, Muscogee-Creek Nation Project LAUNCH | September 2014, and then ongoing quarterly |
| GS 26 Expand local community partnership to create an early childhood focus and collaborate across local child serving agencies. | A. Work with local service delivery agencies to improve processes for obtaining Releases of Information and Data Sharing Agreements | Local Wellness Council, Local Wellness Coordinator | January 2016 |
| | B. Engage business and faith-based leaders in local Project LAUNCH planning and implementation | Local Wellness Council, Local Wellness Coordinator, local business and faith-based leaders, Ministerial Alliance, local Chambers of Commerce | October 2014, and then ongoing |
| | C. Work with public schools to explore how best to engage schools as a point of connection for families with children younger than school age -- DONE -- | Local Wellness Council, Local Wellness Coordinator, Verdigris & Justus-Tiawah school principals | October 2014, and then ongoing |
| | D. Invite the local members of the child care serving system to the quarterly Tulsa Regional Consultation group -- DONE -- | Local Wellness Council, Local Wellness Coordinator, child care providers | November 2014, and then ongoing quarterly |
| Objective 4.2 | Adequate funding that is integrated across systems to support best practice in early childhood | | |
| Targeted Outcome: | A financial map of funding for an early childhood system of care that guides decision making | | |
| Major Indicators: | Completion of a financial map for early childhood system of care | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |

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| GS 27 Leverage existing and potential funding streams that may be used to support the delivery and sustainability of adopted screening, assessment, and evidence-based service re-configuration activities | A. Identify existing funding sources at state and local level | State Wellness Council, Local Wellness Council | January 2017 |
| | B. Determine gaps in funding | | January 2017 |
| | C. Prioritize funding needs | | January 2017 |
| | D. Explore and make recommendations for use of EPSDT funding to support IECMH efforts in Oklahoma -- DONE -- | State Wellness Expert, State Wellness Partner | January 2015 – January 2016 |
| | E. Convene a group (Zero to Three) to review Florida's process for developing a crosswalk between DCO03R and DSM5/ ICD coding in Oklahoma and determine how to implement a crosswalk in Oklahoma | State Wellness Partner, State Wellness Expert | January 2017 |
| | F. Obtain a waiver to use EPSDT funding in Project LAUNCH community to support early childhood promotion, prevention, and early intervention services currently not covered by Medicaid | State Wellness Council, Oklahoma Health Care Authority | January 2015 – January 2017, and then ongoing |
| | G. Work with Oklahoma Health Care Authority and Oklahoma State Department of Mental Health and Substance Abuse Services to change Medicaid billing policies and rules to support best practice in IECMH | State Wellness Council, Oklahoma Health Care Authority | January 2017 |
| GS 28 Foster shared or blended funding for IECMH | A. Describe financial map across state agencies to support ECMHC model -- DONE -- | State Wellness Council | July 2015, and then ongoing yearly |
| | B. Work with CSAW and Smart Start to develop a financial map of behavioral health funding in order to set priorities for funding request for an early | | January 2017 |

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| | childhood system of care | | |
| | C. Develop a process to utilize role of state co-leads for IECMH to review potential funding and provide notification of funding opportunities to CSAW | | January 2017 |
| | D. Convene stakeholders to determine how to proceed with funding opportunities | | January 2017 |
| GS 29 Identify funding at the local level to support a community early childhood system of care | A. Engage local funders to create or expand parent supports | Local Wellness Council | July 2017 |
| | B. Develop a coordinated process to apply for local community grants that support local Project LAUNCH activities | | July 2017 |
| | C. Invite private foundations who support early childhood initiatives to present information on importance of supporting Project LAUNCH to potential investors | Tulsa Infant Mental Health Community Consultant, Local Wellness Coordinator, Local Wellness Council | July 2015, and then ongoing |
| Objective 4.3 | Policies that support an early childhood system of care | | |
| Targeted Outcome: | Increased number of implemented policies related to early childhood system of care | | |
| Major Indicators: | Number of policy changes to address barriers to funding | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |
| GS 30 Work with policy makers to implement changes that support IECMH best practice | A. Work with Oklahoma Health Care Authority to change Medicaid policy regarding behavioral health screening to allow inclusion of children birth to five | Oklahoma Health Care Authority, State Wellness Expert, State Wellness Partner, Behavioral Health Advisory Committee | January 2015 – August 2018 |
| | B. Work with Oklahoma Health Care Authority to adopt the Bright Futures approach and materials | | January 2015 – August 2018 |

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| | C. Work with Oklahoma Health Care Authority to change policy (obtain waiver) to allow for use of EPSDT funding in Project LAUNCH community to support early childhood promotion, prevention, and early intervention services currently not covered by Medicaid | | January 2015 – August 2018 |
| | D. Work with Department of Human Services to tie child care licensing star ratings and expulsion policy workgroup recommendations to ECMHC participation -- DONE -- | Project LAUNCH Team, State Wellness Council, Oklahoma Department of Human Services | January 2016 – August 2018 |
| | E. Work with Oklahoma State Department of Health Center for the Advancement of Wellness to include criteria within the Certified Healthy Programs regarding family-supportive policies | Project LAUNCH Team, State Wellness Council, OSDH Center for the Advancement of Wellness | January 2016 – January 2017 |
| Objective 4.4 | Use of a data-driven planning and implementation approach to support effective mental health programs, services and systems serving children birth to eight and their families and caregivers | | |
| Targeted Outcome: | An early childhood system of care that is based on research, evaluation and performance measurement | | |
| Major Indicators: | Number of data coordination meetings, number of data collection systems that have young child wellness questions | | |
| General Strategy | Activities/ Tasks | Stakeholders Responsible | Specific Time Frame |
| GS 31 Facilitate the coordination of data across state systems to improve local planning and service delivery | A. Participate in state-level data workgroups to make progress on data coordination | Project LAUNCH Evaluator, State Wellness Expert, State Wellness Partner | September 2014, then ongoing monthly/quarterly |
| | B. Work with local community to identify data needed to improve birth to eight service delivery and coordination | Project LAUNCH Team, Local Wellness Council, State Wellness Council | January 2017 |

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| | C. Create functional data sharing Memorandum of Agreement/Understanding with local service delivery agencies to share de-identified data across systems and pilot in Rogers County -- DONE -- | Project LAUNCH Team, Local Wellness Council, State Wellness Council | January 2016 – January 2017, then ongoing with pilot |
| | D. Promote adoption of new data collection process for MIECHV into local Project LAUNCH home visiting services -- DONE -- | Project LAUNCH Team, Local Wellness Council, MIECHV evaluation team | January 2015 |
| | E. Utilize developer-created evaluations for evidence-based programs -- DONE -- | Project LAUNCH Team, Local Wellness Council, State Wellness Council, evidence-based practice providers | January 2015, then ongoing |
| | F. Work with state agencies to incorporate early childhood questions such as Adverse Childhood Experiences or Protective Factors into state-wide surveys -- DONE -- | Project LAUNCH Team, State Wellness Council, Oklahoma State Department of Health, Oklahoma Department of Mental Health and Substance Abuse Services | September 2014 - September 2015 |
| | G. Implement evaluation plan | Project LAUNCH Team, Local Wellness Council, State Wellness Council | September 2014 – August 2018 |
| Policy Implications: | <ul style="list-style-type: none"> • Coordination of policies across agencies and service delivery systems to support an integrated early childhood system of care • Coordinated budget proposal to support children’s behavioral health that is submitted to request state funding outlining agreed upon priorities • A shared vision for an infant and early childhood system of care that guides service implementation and funding supports • Alignment of state funding infrastructure (Medicaid, insurance reimbursement) that supports best practice within an early childhood system of care | | |
| Workforce Implications: | <ul style="list-style-type: none"> • Workforce is trained and supported across service delivery systems in an integrated way to assure model fidelity, maximize funding, and improve access | | |
| Coordination and Collaboration with the State: | <ul style="list-style-type: none"> • The YCWE and the YCWP serve as Co-Leads for state level activities around infant and early childhood mental health • A developed system where partners can come together to make decisions around funding applications • Collaboration with state to assure that policy and agency/program procedures support local implementation | | |

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| | <ul style="list-style-type: none"> • Collaboration with other state initiatives that support young child wellness outcomes to maximize funding, reduce duplication of effort, and improve access to services for families with young children • Participation from the local community in state-level meetings and decision making process to provide feedback loop between state and local decision making • Participation from the state level in local wellness council meetings and processes when appropriate |
| <p>Coordination and Collaboration with Other Stakeholders:</p> | <ul style="list-style-type: none"> • Engage family members in the state and local young child wellness council • Engage partners within the private sector in state and local planning • The YCWE and the YCWP are a part of other groups focused on early childhood such as the Infant Mental Health Workgroup, the Mental Health Subcommittee of the ICC, the Behavioral Health Advisory Committee, the Oklahoma Partnership for School Readiness, etc. |
| <p>Addressing Behavioral Health Disparities</p> | <ul style="list-style-type: none"> • Coordinate with state and local level Oklahoma Health Equity Campaign (OHEC) activities to assure that Culturally and Linguistically Appropriate Service provision is included in all grant plans and activities. • Work with the Office of Minority Health (OSDH) and Offices of Tribal Liaisons (OSDH and ODMHSAS) • Support OHEC position statements to reduce health disparities and partner with OHEC to develop statements that are specific to behavioral health |
| <p>Enhanced National CLAS Standards Alignment:</p> | <ul style="list-style-type: none"> • Agencies have policies that align service provision with CLAS standards • CLAS standards are reflected in contracts and intergovernmental agreements |
| <p>Sustainability Strategies:</p> | <ul style="list-style-type: none"> • Coordinated approach to application for funding at the local, state, and federal levels • Completion of a financial map to reduce duplication of effort and expand services across an early childhood system of care • Improved partnerships with private funding/foundations as gaps are identified that align with a foundation’s mission |

Oklahoma Project LAUNCH Logic Model

Vision: The social and emotional well-being of Oklahoma’s infants, toddlers and young children, their families and caregivers is fostered through an early childhood mental health system of care that is collaborative, developmentally sensitive, relationship focused, trauma informed and spans the continuum of promotion, prevention and treatment.

